

**NEW APPLICATION FOR
NONPUBLIC NONSECTARIAN AGENCY CERTIFICATION**

**California Department of Education
Special Education Division
Interagency-Nonpublic Schools/Agencies Unit
July 2008 Revision**

CERTIFICATION NEW APPLICATION NONPUBLIC NONSECTARIAN AGENCY (NPA)

Date: _____

1. APPLICANT INFORMATION	
Name of NPA:	
Site Address:	
City:	County: State: Zip:
Site Administrator:	Contact Person:
Telephone:	FAX:
E-mail Address:	Web Site Address:
Mailing Address (if different):	
City:	State: Zip:
District of Location:	Special Ed. Director:
SELPA of Location:	SELPA Director:
2. POPULATION SERVED	
<input type="checkbox"/> Coed <input type="checkbox"/> Female only <input type="checkbox"/> Male only	
Grade Level(s) Served:	
Age Range Served:	
Primary Disabling Conditions (check all that apply):	
<input type="checkbox"/> AUT Autism <input type="checkbox"/> DB Deaf/Blindness <input type="checkbox"/> DEAF Deafness <input type="checkbox"/> ED Emotional Disturbance <input type="checkbox"/> HI Hearing Impairment <input type="checkbox"/> MD Multiple Disabilities <input type="checkbox"/> MR Mental Retardation –Mild/Mod	<input type="checkbox"/> MR Mental Retardation–Mod/Severe <input type="checkbox"/> OHI Other Health Impairment <input type="checkbox"/> OI Orthopedic Impairment <input type="checkbox"/> SL Speech or Language <input type="checkbox"/> SLD Specific Learning Disability <input type="checkbox"/> TBI Traumatic Brain Injury <input type="checkbox"/> VI Visual Impairment

Program Capacity: _____

CDE USE ONLY
\$ _____ Fee Submitted

NAME OF NPA:
DATE:

3. PROGRAM AND SERVICE DESCRIPTION

Include the following items:

- *Primary disabling conditions of the students served*
- *Specific services to be provided to students with exceptional needs*

NAME OF NPA:
DATE:

4. SERVICE FEES

(Include only the services your school currently has qualified staff to provide.)

Designated Instruction & Services and Related Services	Abbreviation	Per Hour	Per Day	Per Month
Adapted Physical Education	APE			
Assistive Technology Services	ATS			
Audiological Services	AS			
Behavior Intervention Including Development and Modification	BID			
Behavior Intervention Implementation of Behavior Modification Plans	BII			
Counseling and Guidance Services	CG			
Early Education Programs for Children with Disabilities	EE			
Health and Nursing Services	HNS			
Instruction in the Home or Hospital	IHH			
Language and Speech Development and Remediation	LSDR			
Occupational Therapy Services	OT			
Orientation and Mobility Instruction	OM			
Parent Counseling and Training	PCT			
Physical Therapy Services	PT			
Psychological Services Other Than Assessment and IEP Development	PS			
Recreation Services	RS			
Social Worker Services	SW			
Specialized Driver Training Instruction	SDTI			
Specialized Interpreting or Transcribing Services	SIT			
Specialized Services for Low Incidence <i>(Identify Service)</i>	LI			
Specially Designed Vocational Education and Career Development	VECD			
Vision Services	VS			
Other <i>(Identify Service)</i>	OTH			

Use of this form or a facsimile is a mandatory requirement to process this application.

NAME OF NPA:

DATE:

5. GEOGRAPHIC LOCATION OF NPA (MAP)

Services will be provided on public or nonpublic school sites only: ☐ Yes ☐ No

NAME OF NPA:	DATE:
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Use of this form or a facsimile is a mandatory requirement to process this application. All columns must be completed. Your application may be returned if this information is not complete.

6. STAFF LIST AND CLEARANCE INFORMATION (Use additional sheets as necessary)								
Staff Name	Sub-contractor	Full Time	Part time	Assignment (See page 3 for service code abbreviations)	Type of Credential/License/Registration/Degree	Expiration Date Credential/License/Registration	TB Clearance Date	DOJ Criminal History Clearance Date

NAME OF NPA:					
DATE:					
7. PROGRAM DATA <i>(USE ADDITIONAL SHEETS AS NECESSARY)</i>					
Name of Contracting District/County Office of Education	Name of Contracting SELPA	Special Education Director	SELPA Director	Number of Students	Contracts-Total Dollar Value
TOTALS					\$

☐ *Mark this box if this NPA is currently not contracting with any school district, county office of education, or SELPA.*

FIRE INSPECTION CLEARANCE*

THIS ENTIRE FORM MUST BE COMPLETED BY THE INSPECTING AUTHORITY.

Name of Nonpublic Nonsectarian Agency:			
Address:			
City:	County:	State:	Zip:
Facility Capacity:			
This facility is approved to serve <i>(check appropriate one):</i>			
<input type="checkbox"/> a. ambulatory			
<input type="checkbox"/> b. non-ambulatory			
<input type="checkbox"/> c. both			
This facility complies with all applicable standards related to fire and life safety <i>(check one):</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
This facility is in violation of standards; the following corrections are required <i>(use back of form if more space is needed.)</i>			
1.			
2.			
3.			
4.			

Nothing contained herein shall be construed as encompassing the structural stability of any building, or as abrogating any more restrictive requirements by other agencies having jurisdiction.

For answers to any questions regarding the above clearance contact:

Inspector (print name):	
Title:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact the local city or county fire department or the fire district providing fire protection services to arrange for this clearance. If you cannot obtain a local fire clearance, your fire inspection can be ordered through the State Fire Marshal. Contact our office for this form. **All sites MUST have individual fire clearances.**

It is a requirement of certification that a fire inspection clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year.

*Other documentation provided by your local fire department (e.g., STD 850) may be utilized and attached to the CDE fire clearance form if it provides the same information, name of the nonpublic nonsectarian school, location, total classroom occupant load and number of classrooms.

BUILDING SAFETY INSPECTION CLEARANCE*

Name of Nonpublic Nonsectarian Agency:
Address:
City, County, State, Zip:

Our recent inspection of the above named agency was found to be in compliance with local and state applicable standards.

For answers to any questions regarding the above clearance, contact:

Inspector (please print):
Title and License Number:
Signature:
Name of Inspecting Agency:
Telephone: () Date of Inspection:

Contact your local city/county building department to complete this form. If they are unavailable to inspect, a building safety clearance may be obtained by a structural or civil engineer or locally licensed building contractor not affiliated with your program.

*The use of this form is optional. Other documentation may be utilized that provides the same information, location, and name of the nonpublic nonsectarian agency.

HEALTH INSPECTION CLEARANCE*

Name of Nonpublic Nonsectarian Agency:
Address:
City, County, State, Zip:

Our recent inspection of the above named agency relating to the health standards of the building(s), was found to be in compliance with local standards and in general compliance with the following items:

Yes	No	N/A	
			Facility is clean, safe, sanitary, and in good repair.
			Sufficient toilets are clean and in operating condition.
			Water faucets are clean and in operating condition.
			If water comes from a private source, a bacteriological analysis was conducted that established the safety of the water.
			Soaps and toxins are properly stored.
			First aid kit is maintained and properly stocked.
			Equipment and supplies for personal care/hygiene are readily available.
			Medications are stored and locked appropriately.
			A written disaster and mass casualty plan of action is available.
			Kitchen, equipment, and utensils are clean and well maintained.
			Knives are stored in a locked or non-accessible location.
			Food is protected against contamination.
			All persons are safe from hazards.
			Occupancy does not exceed designated capacity.

For answers to any questions regarding the above clearance contact:

Inspector (please print):	
Title and License Number:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact your local city/county health department (Environmental Health Unit) to complete this form. If they are unavailable to inspect, a health inspection clearance may be obtained from a licensed public health nurse, registered nurse, school nurse or physician not affiliated with your program.

*The use of this form is optional. Other documentation may be utilized that *provides the same information*, location, and name of the nonpublic nonsectarian agency.

NAME OF NPA:
DATE:

ASSURANCE STATEMENT

As indicated by my signature below, I assure that the nonpublic nonsectarian agency listed above will maintain compliance with all of the following items:

1. In accordance with the *Government Code* 12940(a), California Fair Employment and Housing Act and Executive Order 11246, employers may not discriminate based on any of the following: age, ancestry, color, physical disability, mental disability, medical condition, marital status, national origin, race, religious creed, sex or sexual orientation.
2. Compliance with Title VI of the Civil Rights Act and all requirements imposed by or pursuant to the provisions of this Act, and to that end, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the school receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
3. The NPA will comply with the rules and regulations of Part 84, section 504 of the Rehabilitation Act and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
4. Compliance with OSHA Blood borne Pathogens Standards, 29 *Code of Federal Regulations* (CFR) 1910.1030.
5. Pursuant to the requirements of the Drug Free Workplace, U.S. Code, Title 41, section 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, use, or possess a controlled substance in the workplace.
6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
7. The nonpublic agency has a written policy on sexual harassment. (*EC* 231.5)
8. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.
9. The NPA shall maintain records of the written instructional plans and short-term objectives for each student. Such plans shall be consistent with the student's current IEP.
10. The NPA meets the requirements established by or under authority of the laws of the state and applicable city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
11. The NPA has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner as to implement the IEP for each and every child.
12. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse. (*Penal Code* 11166.5)

13. The NPA is not operated or controlled by a sectarian group. The primary purpose of the facility is nonreligious, and religious education is not part of the facility's program.

I certify under penalty of perjury that the above-named school is committed to follow all laws and regulations as stated above.

Signature of Representative

Printed Name of Representative

Title

Date



CALIFORNIA
DEPARTMENT OF
EDUCATION

JACK O'CONNELL
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

July 1, 2008

To: New & Renewing Nonpublic Schools and Agencies

From: Mary Hudler
Director, Special Education Division

Subject: Positive Behavior Intervention Regulations

All nonpublic schools and agencies are required to comply with the provisions of *California Code of Regulations*, Title 5, Section 3052, relative to the provision of behavior intervention. It is important that you read these regulations and acknowledge that you will comply with the requirements.

You can secure a copy of these rules by purchasing *A Composite of Laws* at <http://www.cde.ca.gov/sp/se/ds/documents/colordrfrm.doc>, or you can access these regulations, free of charge, at http://www3.scoe.net/speced/laws_search/searchLaws.cfm

Please sign and return this page with your nonpublic school and/or agency application.

This is to acknowledge that I have read *California Code of Regulations*, Title 5, Section 3052. These rules provide guidance relative to positive behavior interventions. I agree that the nonpublic school or agency, for which I serve as a representative, will comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions. I also ensure compliance with my school/agency's role in conjunction with the contracting local education agency in developing and implementing a pupil's behavioral intervention plan consistent with these regulations.

Signature of Representative

Printed Name of Representative

Name of School/Agency

Date

Notification of Intent to Seek New Nonpublic Nonsectarian Agency Certification

The nonpublic agency (NPA) applicant is required to provide the Special Education Local Plan Area (SELPA) in which the agency is located with written notification of its intent to renew its certification to provide services for individuals with exceptional needs. [See *Education Code* Section 56366.1(b)(1)]

Date: _____

To: SELPA: _____

From: NPA: _____

Address: _____

Site Administrator: _____ Telephone: _____

SELPA USE ONLY:

I am the representative of the SELPA in which the NPA is located. I have been notified of the intent of the school named above, to be re-certified by CDE as a nonpublic nonsectarian agency providing services for individuals with exceptional needs. I have had the opportunity to review and provide input on all required components of the application.

Printed Name of SELPA: _____

Printed Name of SELPA Representative: _____

Signature of SELPA Representative: _____

Attention SELPA Representative

Please return this signed verification to the NPA named above for submission to CDE.
